

Protected Cell Captive Insurance Company Individual Cell Application

A. GENERAL INFORMATION:

1. Name of Protected Cell Captive Insurance Company the following cell is associated with:

2. Name of Proposed Protected Cell:

3. Parent or Sponsor: *

Name:

Street Address:

City, State and Zip:

Phone Number:

E-Mail Address:

4. Type of Business Proposed:

- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Incorporated | <input type="checkbox"/> Series LLC |
| <input type="checkbox"/> Unincorporated | <input type="checkbox"/> LLC |

5. Principal Place of Business of Proposed:

6. Resident Registered Agent:

7. Location of Books and Records:

* If Beneficial Owner is publicly traded, current Annual Report (10-k) must be included with application

A. CONTACT INFORMATION

APPLICANT CONTACT

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

CAPTIVE MANAGER

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

ACTUARIAL FIRM

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

CERTIFIED PUBLIC ACCOUNTANT

Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

THIRD PARTY ADMINISTRATOR

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

Fax Number:

Email Address:

I CERTIFY TO THE BEST OF MY
KNOWLEDGE AND BELIEF, ALL OF THE
INFORMATION GIVEN IN THIS APPLICATION IS
TRUE AND CORRECT AND THAT ALL
ESTIMATES GIVEN ARE TRUE ESTIMATES
BASED UPON FACTS WHICH HAVE BEEN
CAREFULLY CONSIDERED AND ASSESSED.

Officer, Director, or Attorney-in-Fact for a Reciprocal

Date:

Name:

Signature:

Captive Manager

Date:

Name:

Signature: